

GOVERNMENT OF ANDHRA PRADESH  
ABSTRACT

Establishment – HM & FW Dpet.- Group Insurance Scheme –Sanctioned an amount of Rs.30,507/- (Rupees thirty thousand five hundred and seven only) to Smt K. Yada Laxmi, W/o Late Sri K. Yadaiah, Defedar, HM & FW Department expired on 03-07-2014– Orders- Issued:

HEALTH, MEDICAL & FAMILY WELFARE (OP) DEPARTMENT

G.O.RT.No. 886.

Dated:15-11-2014.  
Read the following:

1. G.O. Ms. No.293, Fin. & Plg.(FW.Accts.II) Dept., dt.08-10-1984.
2. G.O. Ms. No.312, Fin. & Plg.(FW.Accts.II) Dept., dt.06-11-1984.
3. G.O. Ms. No.910, Fin. & Plg.(Admin.II) Dept., dt.28-10-2002,
4. Govt. Memo No.1231/128/A2/Admn.II/2006, dt.28-03-2006, of Finance (Admin.II) Dept.,
5. G.O. (P) No.55, Fin. & Plg.(Admin .II) Dept., dt.13-03-2007,
6. G.O. (P) No.1402, Fin. & Plg.(Admin .II) Dept., dt.28-03-2008,
7. Application from Smt K. Yada Laxmi, W/o Late Sri K. Yadaiah, Dafedar.

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ORDER:

In pursuance of the orders issued in Government Orders and memos 1<sup>st</sup> to 6<sup>th</sup> read above, sanction is hereby accord for payment of Rs.30,507/- (Rupees thirty thousand five hundred and seven only) to Smt K. Yada Laxmi, W/o Late Sri K. Yadaiah, Defedar, HM & FW Department towards Group Insurance Scheme contribution and interest amount.

2. The details of the employee is as follows as per the reference 3<sup>rd</sup> read above:

Name of the employee and designation	Late Sri K. Yadaiah, Dafedar.
Date of commencement of insurance cover and group to which he is enrolled initially.	i) w.e.f. November 1984 to October 1994 @ <b>Rs.10/-</b> ii) from November 1994 to June 2014 @ <b>Rs.15/-</b> .
Total amount sanctioned under saving fund (Saving fund + Interest thereon	<b>Rs.30,507/-</b>
Head of Account for the payment of savings Insurance fund / Interest separately.	“8011 – A.P. Insurance & Pension Funds. MH.107 - State Govt. Employees Group Insurance Sch SH (01) – A.P. State employees Group Insurance Sch 001 – Insurance Fund. 002 – Saving Fund. 003 - Interest from Government.

3. The Health, Medical and Family Welfare (OP claims) Department are requested to credit the amount to the **A/c No.019210100008434, Andhra Bank, Kothpet Branch, Hyderabad** of Smt K. Yada Laxmi, W/o Late Sri K. Yadaiah, Defedar, HM & FW Department

4. Certified that the individual has not availed E.O.L. during the service.

(ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

N.B. RATNA KUMAR,  
DEPUTY SECRETARY TO GOVERNMENT.

To  
Smt K. Yada Laxmi, W/o Late Sri K. Yadaiah, Defedar, HM & FW Department  
The Health, Medical and Family Welfare (OP) Department,  
The Deputy Pay and Accounts Officer, Secretariat Branch, Hyderabad,  
The Accountant General, A.P. (A&E), Hyderabad,  
The Director of Insurance, A.P. Hyderabad.  
SF/ SC.,

// FORWARDED :: BY ORDER //

SECTION OFFICER.